

even more useful and I believe that it will comprise an important companion to "how-to" books in health promotion research and program development.

References

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Contraception across cultures: technologies, choices and constraints

Andrew Russell, Elisa J. Sobo and Mary S. Thompson (Eds.); NYU Press, New York, 224pp., price \$65 cloth

My recurring thought while reading this book was that I wished physicians, family program managers and policy makers would read it, because what they learn here will make a difference in the way family planning services are delivered. The book's premise is that technology is only half the story of family planning programs; the other half is the social and cultural environment into which it is introduced. It is the *meaning* women and men assign to contraception that determines whether they will use the technology that is available. Monika Kregel and Katarina Greifeld sum it up well in their chapter, "Uzbekistan in Transition",

Attitudes toward conception and contraception have to be understood in their social-cultural context. They cannot be viewed as reactions to purely biological or biomedical events. Demographic policy, institutional facilities, gender and family relations all have to be taken into consideration. The circumstances of reproduction contain or refer to complete series of connected phenomena that are always culturally interpreted and explained: the beginning and the end of menstruation, the phases of fertility, sexual intercourse and its rules of giving and taking, desire and fertilization, pregnancy and birth, and so on. The meanings of all these events are logically linked in each culture and Uzbekistan is no exception. Sexuality and reproduction are also anchored in a tight network of customs and beliefs. (p. 202)

Contraception and Culture is a collection of chapters developed from papers presented in 1996 at an international conference, "Changing Contraceptives: Technologies, Choices and Constraints," in England. The chapters are organized into sections on methodology, the socio-political context of contraception and fertility control, user perspectives on contraception and the influence of policy on the implementation of family planning programs.

I found the three chapters focusing on user perspectives on fertility control and contraceptive use to be the most interesting part. This is probably because my own research interest is in user perspectives. The three populations studied in these chapters include Ethiopian Jews living in Israel ("Weak Blood and Crowded Bellies"), Palestinians living in Galilee ("New Reproductive Rights and Wrongs in the Galilee") and women in Bangladesh ("My Body, My Problem"). The interpersonal aspects of contraceptive use described in these three populations all included the themes of *risk, blame and embarrassment*. Also, of particular importance were the discussions of the role side effects play in women's acceptance of a contraceptive method. Often ignored by the physicians who provide the methods, side effects often are more salient risks to women than unintended pregnancy, affecting their ability to carry out their domestic responsibilities and sometimes threatening the secrecy of their contraceptive use. The findings presented in these chapters resonate with similar ones from Family Health International's Women's Studies Project, a multi-country research project exploring the effects of family planning on women's lives from women's perspectives (Barnett, 1998).

These chapters reveal the tension between the conflicting needs of clients and providers, who may be from the same countries, but are often not from the same social class, and therefore experience culture differently. While there is a growing interest in considering user perspectives in family planning programs, there is resistance to it too. There is also tension among researchers in an ongoing debate over the need to collect qualitative data to explore and examine the personal experience of contraceptive use. Qualitative researchers in the field of reproductive health often have to defend the validity of their data given the more typical use of quantitative methodologies used by demographers and epidemiologists in this field. The conflict is not so much about different methodologies, however, as it is about different worldviews and about the degree to which it is necessary to understand the cultural context of family planning decisions. While readers of *Social*

Science and Medicine will not need to be convinced that culture is a critical influence, they will enjoy the constructive contribution of *Contraception Across Cultures* to this conversation.

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